

COUNTY BOROUGH OF MIDDLESBROUGH



LOCAL EDUCATION AUTHORITY

ANNUAL REPORT

for 1962

OF THE

PRINCIPAL SCHOOL MEDICAL OFFICER

ERIC C. DOWNER

M.A., D.P.H.



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*With the Compliments
of the
Medical Officer of Health
and
Principal School Medical Officer*

*Health Department
26 Southfield Road
Middlesbrough*

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SCHOOL HEALTH MEDICAL REPORT.

* * *

TO THE MAYOR, ALDERMEN AND COUNCILLORS,
OF THE COUNTY BOROUGH OF MIDDLESBROUGH,
BEING THE EDUCATION AUTHORITY FOR THAT AREA:

Mr. Mayor, Aldermen and Councillors,

I have the honour to submit my Annual Report as Principal School Medical Officer on the activities of the School Health Service during the calendar year 1962.

As usual, I am indebted to Dr. John Cahill for the compilation and editing of this Report and to other contributors for special portions of it.

I would like to emphasise the great debt owed by the School Health Service to Dr. John Cahill, who, at the end of the year, was within six months of the date of his retirement. It will not be easy to replace this experienced and shrewd Senior School Medical Officer and it might well be advisable that if he is willing he should be encouraged to stay with us a little longer after the date of his retirement, in order that the Authority may have the opportunity of getting a really first-class successor. There is, alas, owing to the considerable expansion of the Health Department, no real possibility of the Principal School Medical Officer devoting more time to the School Health Service in the future than he has during the past 10 years and the same is very nearly true of the Deputy. But in order that the new Senior School Medical Officer should not be asked to pass his life in a professional cul-de-sac it might well be arranged for the Deputy Principal School Medical Officer to do more work on the Schools side and the new Senior School Medical Officer to take part in the administration of the Health Department. This would be a valuable cross integration and would, in my judgment, increase the promotion prospects of both these officers and also the recruitment of further staff. In these matters recourse will be had to the Committee for their decision on advice tendered as the situation develops.

The experiment of utilising the services of general practitioners for inspections in the schools has proved successful and in my view profitable both to the Authority and to the general practitioners concerned.

But I must emphasise the continued and permanent need for a small central staff of School M.O. specialists, equally knowledgeable in Child Health and in its application to the education of children who deviate from the ordinary.

I record, with great regret, the death of Miss K. Crapper, Superintendent School Nurse, which occurred during the August holidays Miss Crapper had been a very keen and able School Nurse and gave fine service to the Authority. We call the attention of the Authority to her devotion and good work.

I wish to record my thanks, firstly to the Education Committee and its members for their support and encouragement and particularly to the Child Welfare Sub-Committee who have been so understanding of our problems; to the Director of Education and his courteous and helpful staff; to the Head Teachers and School staffs; the parents, the children themselves, and to my medical, dental, nursing and clerical colleagues without whom this fairly satisfactory volume of work would not have been accomplished.

I close on a note of hope. It is beginning to look as if the recruitment of full-time and part-time dental staff is not quite as hopeless as it looked and we look forward to the gradual expansion and equipment of dental surgeries in order that children may firstly be thoroughly inspected, secondly promptly treated, and thirdly treated in well equipped dental surgeries situated throughout the town, so as to waste as little school time and the time of parents and staff as possible.

I have the honour to be,

Mr. Mayor, Aldermen and Councillors,

ERIC C. DOWNER,

Principal School Medical Officer.

Post Scriptum :

With great reluctance I make the following comment, but I feel it necessary in the interests of the Authority, the School Health Service and the teachers and parents as well.

Most unfortunately, two or three weeks ago there appeared in the leading national newspapers a report on a speech made by a very senior Medical Officer of the Ministry of Education to an audience of teachers. In that speech this eminent doctor is alleged to have stated as his personal view that he could see no unchastity in sexual intercourse between engaged couples.

As a free individual and as an eminent member of a profession which thinks individually he is perfectly entitled to his opinion. But if he was speaking in his official capacity to an audience of teachers and if it is suggested that his personal view on this matter should be the attitude taken by teachers when giving instruction to children, comment is not inappropriate.

We Principal School Medical Officers regard with great respect the Senior Medical Officers of the Ministry of Education and in fact, have been proud to regard them as our leaders and there is a danger that this officer's remarks might be taken as typical of the views of School Medical Officers throughout the country.

I wish to make it clear, after consulting some of my senior colleagues that there is quite a large number of School Medical Officers who hold no such view, or who—if they did—would not be prepared to express it publicly in the exercise of their office. We are content to accept the teaching of the Church throughout the centuries and if we talk to teachers or children at all on these matters we will urge them—if the subject must be discussed—that any influence cast should be in favour of the decent principles that in the past have animated our Nation and are taught by the Christian Faith.

I wish, therefore, to dissociate myself and my colleagues from the views expressed on this occasion.

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Audiometer	20	Health Education	36
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Child Guidance Clinic	23	Ophthalmic & Orthopaedic	
Clinics (List of)	9	Clinics	20 & 21
Cost of School Health		Physical Education	36
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Educational Sub-Normal			
Pupils	30		
Employment of School			
Children (Part-time)	35		

MIDDLESBROUGH EDUCATION COMMITTEE

1962-63

Chairman : Alderman B. Ramsey, C.B.E.

Vice-Chairman : Alderman W. Randall

Alderman Mrs. L. Burton

Alderman M. C. Newton

Alderman G. S. Richardson

Alderman L. Taylor

Alderman Mrs. A. Wain (*Chairman, Child Welfare Sub-Committee*).

Councillor C. E. Beetham

Councillor J. N. Bennington

Councillor J. A. Brown, C.B.E., J.P., F.R.S.H.

Councillor G. A. Burns

Councillor P. Conway

Councillor B. Cox

Councillor Mrs. G. R. Cox

Councillor A. T. Crosby

Councillor Mrs. M. A. Daniel

Councillor W. Ferrier

Councillor Mrs. E. A. Gaunt

Councillor N. S. Goldie (*Chairman, Buildings Sub-Committee*)

Councillor Mrs. M. B. Goodman

Councillor J. Herron

Councillor Mrs. N. Higgins

Councillor J. T. Horsman

Councillor R. H. Huggins

Councillor Mrs. M. McMillan

Councillor The Rt. Rev. Mgr. Canon M. O'Sullivan

Councillor L. Poole

Co-opted Members : Rev. J. K. Elstone
Rev. Canon T. A. Nolan
Rev. D. W. Gooderham
Mr. W. B. Reid
Mrs. A. Thompson
Mr. J. H. Fox
Mr. P. Niman

Director of Education

E. D. Mason, M.A., L.R.A.M.

SCHOOL CLINIC AND TREATMENT CENTRES

- | | | | |
|-----|------------------------|---|--|
| 1. | Central | M.A.C., Orthopaedic,
Cleansing, Dental | M.O. Dental Surgeon
and Nurses Daily. |
| 2. | Whinney
Banks | M.A.C., Dental | Nurse daily 9 a.m. to
12 noon. Dentist (part-
time). |
| 3. | Marsh Road | M.A.C. | Nurses daily 9 a.m. to
12 noon. |
| 4. | Newport | M.A.C. | Nurse Monday and
Thursday 9 a.m. to 12
noon. |
| 5. | 159 Southfield
Road | Child Guidance
Clinic | By appointment. |
| 6. | Albert Road | Speech Therapy | By appointment. |
| 7. | Ayresome | M.A.C. | Nurse Tuesday and
Thursday 9 a.m. to 12
noon. |
| 8. | Caldicotes
School | M.A.C. | Nurse Tuesday and
Friday mornings. |
| 9. | North
Ormesby | M.A.C. | Nurse daily 9 a.m. to 12
noon. |
| 10. | Thorntree
School | M.A.C. | Nurse Tuesday and
Friday mornings. |

NUMBER OF PUPILS—ATTENDANCE
COST OF SERVICE, 1962
(Supplied by the Director of Education)

Secondary Schools—

(a) Courses to 18 years :—

Number of Schools (Grammar)	6
Number on roll	3,593

(b) Courses to 16 years :—

Number of schools	4
Number on roll	2,295

(c) Courses to 15 years :—

Number of schools	20
Number on roll	6,611

Primary Schools—

(a) With Senior Pupils:—

Number of schools	3
Number on roll	718

(b) With Junior and Infant Pupils :—

Number of schools	60
Number on roll	18,714

Schools for Handicapped Pupils:—

(a) Number of Schools	2
Number on roll	230

Total Average Number on Rolls, Year 1962 ..	32,161
Average Percentage attendance	92.23

COST OF SCHOOL HEALTH SERVICE, 1962
(Supplied by Borough Treasurer)

The cost of the School Health Service for 1961-62 was £39,068, equivalent to a rate of 5.386d.

SECTION I.—STAFF, Etc.

Interchange of medical staff exists with the Health Department both as routine and in emergency.

Medical Officers :

Name	Appointment
Eric C. Downer, M.A., D.P.H.	Principal School M.O.
Robert Taylor, M.B., Ch.B., D.P.H.	Deputy Principal School M.O.
(1) Medical Officers chiefly engaged in School Health Service :—	
John Cahill, B.Sc., M.R.C.S., L.R.C.P.	Senior School M.O.
William B. Shaw, M.B., B.S. (since 1-2-62)	School M.O. and A.M.O.H.
(2) Medical Officers chiefly engaged in Health Department:—	
Janet B. Patterson, M.B., Ch.B.	S.A.M.O.H. and School M.O.
John E. H. Tullis, M.B., Ch.B. L.R.C.P., L.R.C.S., L.F.R.P.S.	S.A.M.O.H. and School M.O.

General Practitioners (Part-time) :

Reginald J. Belas, M.B., B.S.	Donald Morton, M.B., Ch.B.
George W. Blenkinsop, M.B., B.S.	Frederick G. Orton, M.B., M.R.C.S., L.R.C.P.
Patrick Brodbin, L.R.C.P. & L.M., L.R.C.S.I. & L.M., D.P.H.	Geoffrey T. Perks, M.B. B.S.
Edmund J. Buckley, M.B., B.Ch., B.A.O.	Patrick J. Tarpey, M.B., B.Ch. B.A.O.
Richard Dixon, M.B., Ch.B., B.A.O.	David H. Turnbull, M.D., M.R.C.P.
Ernest J. Goodsir-Cullen, M.R.C.S., L.R.C.P.	Harold Walker, M.A., B.Ch., M.R.C.S., L.R.C.P., F.R.C.S.
Thomas F. Hebblethwaite, M.A. M.R.C.S., L.R.C.P.	David K. Walsh, B.A., M.B., B.Ch., B.A.O.
Kenneth H. Jackson, M.D.	John K. Wilson, L.M.S.S.A.
Lawrence G. Middleton, M.B., B.Ch., B.A.O.	Elizabeth Webster, M.B., B.S.

Aural Surgeon : (by arrangement with Regional Hospital Board).
R. M. Marshall, M.B., F.R.C.S.

Ophthalmic Surgeons : (by arrangement with Regional Hospital Board).

Francis S. Hubbersty, M.B., B.Chir., F.R.C.S.

Walter M. Higginbottom, L.R.C.P., L.R.C.S., L.R.F.P.S.,
D.O.

Rowland Cowley, M.B., B.S., F.R.C.S., D.O.

Orthopaedic Surgeons : (by arrangement with Regional Hospital Board).

Gilbert Parker, M.B., F.R.C.S.

Kathleen M. Adamson, M.Sc., M.B., Ch.B.

Psychiatrist to Child Guidance :

(Vacant).

Principal School Dental Officer :

R. C. Blackmore, L.D.S. (R.C.S. Eng.), Barrister-at-Law.

School Dental Officers : (Part-time) :

T. W. Clarkson, B.D.S. (Dunelm).

P. W. Gale, L.D.S. (Dunelm) (since 3.9.62)

Mrs. E. Walker, L.D.S. (Dunelm) (since 15.10.62)

J. Wilson, L.D.S. (Dunelm) (since 1.3.62)

Dental Anaesthetists : Part-time :

H. K. Geiser, M.D., M.R.C.O.G.

G. M. J. White, M.B., Ch.B., F.F.A.R.C.S.

Speech Therapist :

Miss Ida M. Knight, F.C.S.T.

Educational Psychologist :

Richard Freyman, B.A.

Social Worker : (Child Guidance Clinic) :

Mrs. Winifred Morton.

Chiropodists : (Part-time) :

Miss L. Clayton, M.Ch.S.
L. Vanes, M.Ch.S. (died 12.12.62)
W. Leybourne, M.S.S.Ch.
T. Jones, M.Ch.S., L.R.C.H.

Superintendent Nurse :

Miss K. M. Crapper, S.R.N., S.C.M., H.V. (died 10.8.62)

School Nurses :

Miss B. Allinson, S.R.N., S.C.M.
Miss M. Dawson, S.R.N., S.C.M. (since 17.9.62)
Mrs. M. Dennis, S.R.N. (resigned 30.6.62)
Mrs. E. Howard, S.R.N.
Mrs. M. Law, S.R.N., S.T.D. (resigned 17.9.62)
Mrs. E. O'Reilly, S.R.N.
Mrs. M. Peek, S.R.N.
Mrs. W. Sillett, S.R.N.
Mrs. M. Short, S.R.N., S.C.M., B.T.A.
Mrs. J. Tweddle, S.R.N.
Miss P. Wain, S.R.N., S.C.M.
Mrs. B. Walsh, S.R.N., S.R.F.N.
Miss E. Wilson, S.R.N., S.C.M.

Auxilliary Nurse :

Mrs. M. Rossi

Dental Surgery Assistants :

Mrs. D. Nolan, S.E.N.
Mrs. M. Savage (since 25.8.62)
Mrs. L. W. Ward

Clerical Staff :

Mrs. M. Dickinson (Senior Clerk)
Miss P. Cowle
Miss M. Doonan
Mrs. I. McGrath
Mrs. V. Newman
Miss M. Wilson

SECTION II—SCHOOL HYGIENE

I am indebted to the Director of Education for the following details :—

Sanitary Accommodation.

Defective sanitary fittings have been replaced at Brambles Infants' School, Lawson Senior Girls' School and St. Mary's Junior School.

Heating, Hot and Cold Water Installation.

New boilers have been installed at Marton Grove Senior Girls' School and improvements to heating carried out at numerous other schools.

Defective wash basins have been replaced at Kirby Grammar School and defective domestic water heaters replaced at Beechwood Junior School, Whinney Banks Junior School and The Barns.

Electrical Installation.

Lighting improvements have been carried out at Fleetham Street School and Whinney Banks Infants' and Senior Schools to bring them up to present day standards.

General Information.

General improvements have been effected at various schools in the form of new and resurfaced floors and internal redecoration.

SECTION III—REVIEW OF YEAR’S WORK

General Practitioners and Periodic Medical Inspections :—

During 1962, our Periodic Medical Inspections were handed over, almost completely, to general practitioners. Thus, out of 10,852 pupils inspected (about one third of total schoolchild population) only 1,223 were seen by whole time medical officers. This minority group of children included all pupils at Day E.S.N. School (seen by Dr. Cahill and Dr. Patterson); all pupils at Day School for Deaf (seen by Dr. Shaw), and all pupils at Cerebral Palsy Unit (seen by Dr. Cahill).

The following differences were noted in our collated finding:—

(a) THE PROPORTION OF PUPILS FOUND TO REQUIRE TREATMENT WAS LARGER.—This is evident if one compares our return with that of 1960 (last year of inspection by whole time medical staff).

Year	No. inspected	No. found to need treatment
1960	8,776	1,339
1962	10,852	2,667

The explanation of this difference is not any change in children but a change in criteria of classification. It had become apparent that too many pupils with defects were being classed as in need of observation and, following consultation with Dr. Henderson of Ministry of Education, our practice was revised and more pupils (e.g. children with spectacles) were classed as treatment cases.

(b) THE TOTAL NUMBER OF DEFECTS NOTED (TREATMENT + OBSERVATION CASES) TENDED TO BE SMALLER.

Year	No. Inspected	No. Defects (T + O)	% of Defects
1960	8,776	5,432	61.8
1962	10,852	5,960	53.9

This difference is not so easy to account for but it has been evident throughout the year. (Towards the end of the year there appeared to be an increase in total number of defects). The writer feels that the average general practitioner’s approach to medical

examination of child is slightly different from that of most school doctors. The general practitioner is normally inclined to concentrate on major issues and affected system. The writer must admit that he retains that approach to the extent of always starting his examination with suspected system if parent finds fault with child's health. The drawback of this method is that it may leave very little time for the rest of examination.

A stereotyped, uniform approach to all children will produce a more detailed inventory of defects but some of them may be very trivial. Which is the better approach? Who shall judge?

(c) If time permits doctors undertake **re-examination** of pupils found with defects on former occasions at the end of Periodic Medical sessions. In this town, the number of such examinations has always been small and it is pleasant to be able to record a worthwhile increase.

Year	No. of Re-examination
1960	67
1962	1335

(d) **TREATMENT ARRANGEMENTS.** It has been noted that our general practitioners tend to refer pupils to their family doctors more frequently than is the habit of whole time school doctors. No action has been taken about this as it probably conduces towards an improved relationship between family doctors and the School Health Service. In the past, this relationship left something to be desired.

(e) **ADMINISTRATIVE.** The number of general practitioners employed was 17 (1 female and 16 male). Each one undertakes one session weekly, and, in time works through the selected age group at a given school. Arrangement of sessions is more difficult than in the case of whole time staff. This system appears to be the system of the future.

(f) **VALUE OF NEW ARRANGEMENTS.** No exact appraisal can be made of value of work of part time as against whole time practitioners. Differences are individual. The present system works very well. Yet it is not to be expected that practitioners working one session weekly acquire the same knowledge of our facilities as the best type of whole time school doctor.

Special Notes :

(a) INCREASE IN UNEMPLOYMENT. This important change is illustrated by following tables for which I am indebted to Ministry of Labour :—

TEES-SIDE D.A.C. AREA LIVE REGISTER AT 15TH MAY, 1961.

	Men	Boys	Women	Girls	Total	% Rate
TEES-SIDE:						
Middlesbrough ..	804 (96)	32 (4)	394 (10)	33 (—)	1263 (110)	..
South Bank ..	108 (—)	13 (—)	41 (3)	15 (3)	177 (6)	..
Redcar ..	56 (1)	5 (—)	82 (1)	11 (—)	154 (2)	..
Stockton and Thornaby ..	574 (10)	34 (1)	307 (19)	37 (1)	952 (31)	..
Billingham ..	54 (—)	— (—)	49 (2)	— (—)	103 (2)	..
Total ..	1596 (107)	84 (5)	873 (35)	96 (4)	2649 (151)	1.5

LIVE REGISTER AT 14TH MAY, 1962.

	Men	Boys	Women	Girls	Total	% Rate
TEES-SIDE:						
Middlesbrough ..	3726 (1020)	263 (31)	642 (23)	134 (—)	4765 (1074)	..
South Bank ..	792 (278)	82 (26)	77 (2)	44 (—)	995 (306)	..
Redcar ..	342 (95)	73 (25)	106 (—)	56 (1)	577 (121)	..
Stockton and Thornaby ..	1212 (15)	233 (1)	332 (10)	77 (—)	1854 (26)	..
Billingham ..	182 (3)	— (—)	105 (2)	287	287 (5)	..
Total ..	6254 (1411)	651 (83)	1262 (37)	311 (1)	8478 (1532)	4.9

LIVE REGISTER AT 13TH MAY, 1963.

	Men	Boys	Women	Girls	Total	% Rate
TEES-SIDE:						
Middlesbrough ..	3689 (450)	465 (21)	813 (2)	253 (—)	5220 (491)	..
South Bank ..	769 (200)	86 (14)	138 (—)	79 (4)	1072 (218)	..
Redcar ..	483 (194)	120 (22)	117 (—)	95 (19)	815 (235)	..
Stockton and Thornaby ..	1868 (97)	334 (6)	477 (22)	235 (5)	2914 (130)	..
Billingham ..	522 (21)	—	159 (4)	..	681 (25)	..
Total ..	7331 (962)	1005 (63)	1704 (46)	662 (28)	10702 (1099)	6.2

(Figures in brackets = Short-time workers).

School Refusal :

A few years ago, a valiant attempt was made to delimit a new disease. It was asserted that it affected bright children who openly refused to attend school as contrasted with duller types who dodged school by truanting. In fact, the condition is not new. In former days, parents of some pupils disguised it by attributing absences to delicacy or to somatic illnesses. Mixed cases occur. Furthermore, these pupils who refused to attend school proved to be a very mixed batch of all grades of intelligence (some from Grammar Schools and some from Schools for E.S.N.). Two features however remain constant, (1) refusal to attend school and (2) parental support in that attitude.

School refusal is more widespread than is generally realised. Some partial cases go untreated. A number of pupils who leave Grammar Schools early are instances of school refusal. Only a minority of cases are seen at school clinic and they fall under following headings :—

PRIMARY SCHOOLCHILDREN. Usually very nervous children who may be acutely ill. Some are sent to Child Psychiatry Unit. They show fear of doctors and clinics as well as fear of schools. Long term outlook is not rosy.

SECONDARY MODERN SCHOOLCHILDREN. Quite often these are children of poor intelligence. Some do well in residential schools for E.S.N.

GRAMMAR SCHOOL PUPILS. Self assured youngsters who are determined to leave school early. The writer is greatly struck not by the fact that these pupils dislike school (such dislike is common) but by the confident manner in which dislike of school is adduced as a complete and valid reason for refusal to attend. Their parents are usually caught up in the current vogue of hedonism and have no understanding of the efforts needed in candidates for advanced education.

I consulted Dr. Davies, Child Psychiatrist and Mr. Freyman, Educational Psychologist, on some issues involved. Dr. Davies asserts that in these cases the child's fear is fear of being separated from mother. It appears that he deals with a much more severely

ill type of Grammar School pupil than we do. He considers that home tuition may well be useful in a minority of cases but is very doubtful about value of a special class which many pupils would refuse to attend and which would acquire an unenviable reputation. Mr. Freyman thinks that arrangement of special teaching may be difficult and that its value can be decided only after trial.

Increase in Psychiatric Disorders.—

We continue to notice an increase of psychiatric disorders in school children. Not all of these cases come our way.

This finding fits in with the general pattern of diseases in the community. Thus, in 1961 (latest report)—“Psychiatric disorders continue to be the commonest cause of medical discharge from the Army” and accounted for “approximately half of the medical discharges of recruits during selection procedure.”(1).

(1) “British Medical Journal”. June, 1963, Page 1552.

SECTION IV.

ARRANGEMENTS FOR TREATMENT.

1. Physical Welfare of Children :

(a) MINOR AILMENTS.—

Attendances in recent years have been as follows:—

1960 .. 37,840	1961 .. 37,468	1962 .. 42,582
----------------	----------------	----------------

Minor Ailment Clinics are in decay. There is much less skin disease about in children and, owing to changes in treatment, our minor accidents are more and more frequently sent to Accident Centre, General Hospital.

Our numerical return is deceptively large until one realises that it includes the work of eight clinics and is just in excess of the early total reached at one Minor Ailment Clinic (in Grange Road) 43 years ago.

(b) AURAL CLINIC.—

Dr Shaw held a weekly clinic to which special Ear cases were referred. At this clinic, the total number of examinations was 399. The number of pupils seen was 294.

Mr. Marshall saw cases weekly at North Riding Infirmary. The number of examinations was 139; number of children was 129.

AUDIOMETER SURVEY. Nurses continued to do Sweep Check tests with two Amplivox Portable Pure Tone Audiometers. Each Nurse tested 5yr + pupils in her own schools. Children who showed hearing loss to extent of 15 decibels in this test were examined later by a medical officer. The number of pupils tested during 1962 was 2,877.

(c) OPHTHALMIC CLINIC. Ophthalmic Surgeons at North Riding Infirmary undertook four sessions weekly. During 1962 they examined 1,714 pupils. Spectacles were prescribed for 1,623 of these cases.

(d) ORTHOPAEDIC CLINIC. Dr. Adamson attended either once or twice monthly. The following is a brief numerical record of the year's work :—

Number of children seen by Orthopaedic Surgeon :

School Children	..	..	..	..	..	289
Pre-School Children	..	..	..	..	..	48

Number of re-examinations by Orthopaedic Surgeon :

School Children	..	..	..	..	..	165
Pre-School Children	..	..	..	..	..	42

Number of treatments by Orthopaedic Surgeon :

School Children	..	..	..	..	..	301
Pre-School Children	..	..	..	..	..	14

Tees-side Spastic Treatment Unit. :

Miss E. Donnelly reports :—

“The Tees-side Spastics Treatment Unit which has been open for three years is now working almost to its full capacity.

Children from five Local Authorities are attending either daily for full-time education and treatment or for treatment only at regular intervals.

These children, referred by one of the Consultant Paediatricians or by one of the participating Local Authorities' Medical Officers are selected by an Assessment Panel consisting of the Consultant Physician in Charge of the Unit, the Senior Consultant Paediatrician, the Senior Teacher of the Unit, the Educational Psychologist, the Senior Physiotherapist and the Speech Therapist of the Unit. During the period of assessment several visits are made to the Unit by the parents and child to meet the staff and become familiar with the environment so that the most careful consideration can be given to the patient before any decision is made by the whole Assessment Panel.

Since April 1962, seventeen children have been assessed. Of these, ten were from Middlesbrough, three from Stockton, two from the North Riding of Yorkshire and two from Durham County.

The panel selected six of these for full-time education and treatment and eight were selected for attendance for Physiothereapy and/or Speech Therapy. This brings the total full-time attendance up to seventeen while in addition approximately twenty are attending for Physiotherapy and twenty for Speech Therapy.

During the past year three of the full-time children have been discharged—one to a primary school one to a residential school for Physically Handicapped Children and one to a school for Educationally Sub-normal Children.

In addition to the consultant services supplied by the Newcastle Regional Hospital Board, the full-time attenders receive an annual medical inspection and audiometer tests by staff of Middlesbrough School Health Service, and regular visits by the School Nurse, while daily ambulance transport is supplied by the participating Local Authorities."

Speech Therapy :

The following report is prepared from information supplied by Miss Knight :—

The waiting list remains high. An endeavour has been made to reduce it by increasing the number of classes. A list of outstanding cases has been submitted to Child Welfare Department so that Welfare Officers, when visiting schools, can ascertain from Head Teachers whether certain children still need treatment. This step has been taken to see if it is possible to bring forward more urgent cases reported to Speech Therapist.

As the Speech Therapist is working single handed treatment has had to be concentrated on the more urgent cases and pressure or work had made it impossible for her to visit outlying schools.

A group of teachers attended one Saturday morning for instruction in useful exercises for the treatment of minor speech defects. Also, two temporary teachers were given treatment for their own speech difficulties. During 1962, the number of pupils treated was 230.

There is still a grave need for more Speech Therapists in Middlesbrough.

Verminous Conditions :

The total number of pupils found to have been verminous at any time of year under review was 3,104 out of a total pupil population of 32,284. (The corresponding figures for 1961 were 3,385 and 32,104). A great deal of follow up of verminous pupils is now done at minor ailment clinics. Totals are collated by nurses.

2. Mental Welfare of Children :

CHILD GUIDANCE CLINIC.

Mr. R. Freyman, Educational Psychologist writes:—

“This report has been divided into two parts. The first part will deal with the clinical and the second with the educational aspect of the child guidance service.

A. CLINICAL :

NEW CASES								
Referred by				No.	Reason for referral,			No.
School Medical Department ..				28	Enuresis			27
Head-teacher				20	Anti-social behaviour			23
Parent				6	Fears, withdrawal tendency etc.			11
Child Welfare Department ..				5	Other habit disorders ..			2
General Practitioners ..				3				
Probation & Children's Dept. ..				1				
				<hr/>				<hr/>
Total ..				63	Total ..			63
				<hr/>				<hr/>

CASES CLOSED DURING 1962.

INTERVIEW AND VISITS

				No.			
Reasons		No.	At	Seen	By E.P.	By S.W	
Improved Satisfactorily	..	32	Clinic	(Children	..	194	45
No further improvement likely				(Parents	..	158	148
by continued attendance	..	11	School	(Children	..	25	..
Testing and assessment only	..	9		(Parents	..	1	..
Non co-operation		(Head & Assist.			
Referred elsewhere		Teachers		91	..
Left district	Homes	Parents	..		118
<hr/>							
80							
<hr/>							
				CURRENT CASES at end of year .. 62			

Key : E. P. = Educational Psychologist S. W. = Social Workers.

The work of the child guidance clinic has proceeded satisfactorily along lines established in previous years.

The treatment of children suffering from enuresis with the bell apparatus has continued to be a story of success.

A large proportion of the staff's time has again been spent in dealing with parents, as psychological difficulties of children often derive from a disturbed relationship between them and their parents. Amongst emotional conflicts in children seen during the year were those which originated in uncertainties in parents' minds about the correct way of bringing up their children. In other cases, a marked difference between the personality types of mother and father, and consequently between their attitudes to life in general and to the management of their children in particular, caused insecurity in their children and led to emotional stress. Some children too seemed to suffer from the fact that they were members of a large family, where some specific needs for particular strong affection could not always be adequately met by their parents. A further group of children referred to the clinic were those of mothers who experienced emotional stress caused by the understandable difficulty of both managing a job, sometimes a full-time job or one involving working at awkward hours, and looking after the family at the same time. These and other difficulties arising in the home background make it imperative for the staff of the child guidance clinic to help parents to understand the causes of children's behaviour problems.

This process is started by a careful study of all the relevant information available, i.e. information about personality factors and developmental features of the children, about their intelligence and achievements at school and, of course, information relating to the personalities and attitudes of the parents. The findings are then discussed with the parents with a view to assisting them to see their children's minor or major problems in the right light. Every effort is made to enable them to participate in the solution of the difficulties encountered by means of modifying their attitudes or by altering an existing detrimental situation at home in a positive and practical way.

Where psychiatric examination and treatment appear to be required, children and their parents have been, as in previous years, referred to the Department of Child and Family Psychiatry at St. Luke's Hospital, through the Senior School Medical Officer.

Follow-up visits by the social worker, after completed treatment of the various problems for which children have been referred, have continued to play an important part of the clinic's work.

Looking at the figures of children referred to the clinic by their headteachers because of emotional problems at school, one feels that so far as general mental health is concerned, not as many children were referred as might have been desirable. It has been a recurring experience of the educational psychologist, when visiting schools for the purpose of discussing with the headteacher the case of a particular child who had been referred to the clinic, that in conversation the names of other children are mentioned who may have caused concern because of behaviour trouble or deterioration of school work. Sometimes, such children are found to show danger signals as regards their mental health and a thorough psychological investigation is recommended. At other times, both the psychologist and the headteacher agree that the case of the particular child could best be handled by the teaching staff in class. In many instances, headteachers have expressed the opinion that such discussions have helped them to distinguish more clearly between minor problems which may be solved in school and other problems, the solution of which may require the assistance of the child guidance service. As the teaching staff concerned is often also brought into these discussions, the value of regular frequent school visits by the educational psychologist in connection with the detection and treatment, in its broadest sense, of psychological problems of children, cannot be sufficiently stressed. It has proved very difficult for one educational psychologist to keep up a programme of frequent regular visits to all schools in an area with a large school population, especially as discussing individual children's problems must not be hurried.

The educational psychologist has continued to visit the Tees-side Spastic Treatment Unit at the General Hospital for the purpose of testing individual children and attending assessment clinics. This duty has again been of great interest and has allowed the psychologist to act as a member of a well-balanced inter-professional team.

The educational psychologist also attended the Eighteenth Child Guidance Inter-Clinic Conference in London. The subject was "Clinical Problems of Young Children."

B. EDUCATIONAL :

NEW CASES			
Referred by	No.	Reason for Referral	No.
Head-teachers	37	Psychological and educational	
School Medical Department ..	19	tests	47
Remedial teachers	10	Referred by Senior School Medical	
Director of Education ..	3	Officer in connection with ascer-	
Probation and Children's		tainment of handicapped pupils	19
Department	2	Vocational guidance and school	
Youth Employment Bureau ..	2	selection	4
St. Luke's Hospital	1	Remedial teaching at Child	
		Guidance Clinic ..	4
Total ..		Total ..	74

INTERVIEWS, REMEDIAL READING, VISITS.				REMEDIAL READING SERVICE			
At	Seen	By E.P.	By S.W.	(E.P.)			
Clinic	(Children ..	32	183			No.	
	(Parents ..	47	55	Children tested for reading			
School	(Children ..	56	..	groups	45		
	(Parents ..	8	..	Schools visited ..	102		
	(Head & Assist.						
	(Teachers ..	218	..	SPECIAL READING AGE SURVEY IN			
Homes	(Children ..	3	..	SECONDARY SCHOOLS (E.P.)			
	(Parents ..	..	7	No. of children tested ..	190		

KEY: E.P. = Educational Psychilgist; S.W. = Social Worker.

More school visits were paid by the educational psychologist in connection with the educational than with the clinical work of the child guidance service. This was due to the assistance given by the educational psychologist to the remedial reading service and to a special survey of reading ages in secondary schools, described below. The remedial reading service has continued to function well and is considered by teachers as being of great assistance.

A survey of reading ages of first year secondary school pupils whose scores in the verbal reasoning and English tests of the general examination were low, was carried out with a view to assessing the problem arising from backward readers in secondary schools and to finding ways and means of helping them.

Special care has been taken by the educational psychologist and the peripatetic teachers to discuss individual cases of children who present more than normal difficulties in their efforts to learn to read. Sometimes, after more detailed psychological investigation, the help of parents is enlisted. At other times it is felt that the child in question should be educated in the day special school for E.S.N. children.

There is, however, a very small number of children who may have genuine deficiencies in the fields of visual and auditory perception. Terms such as dyslexia or word blindness have reappeared in the professional vocabulary, but medical and psychological experts are still very much divided about the origin, the definite symptoms and the treatment of these specific difficulties.

The educational psychologist and the social worker have continued at the child guidance clinic to give remedial help to a few children either presenting some of the difficulties just mentioned or coming from schools not served by a remedial teacher.

During part of the spring and the whole summer term, the educational psychologist taught a group of six retarded readers in one of the larger secondary schools for two one-hour sessions per week. This afforded him first-hand experience of the problems arising from the remedial teaching of secondary children.

Some secondary schools have tried to make special arrangements for backward children and have been able to give these children additional and individual tuition with good success. The educational psychologist has tried to support these efforts in many ways, but as mentioned already in the clinical part of this report, has not always found it possible to keep up regular visits to the schools concerned.

The educational psychologist continued to hold courses for teachers concerned with the education of backward children in secondary schools. These culminated in a meeting held in May at Bertram Ramsey Secondary School, when the principal speaker was Dr. M. F. Cleugh, Senior Lecturer at the University of London Institute of Education.

Following these courses, a permanent collection of suitable books for the teaching of reading to backward pupils in the secondary schools has been available at the teachers' reference library. Care has been taken to keep the library up to date and keep in touch with similar arrangements in other parts of the country, e.g. Bristol, Leeds and Derbyshire.

Mrs. J. H. Elfer, one of the remedial teachers, resigned in July, following her husband's acceptance of a post in London. Her place was taken by Miss K. Dilworth, who started work in September."

SECTION V—HANDICAPPED PUPILS

A. Blind Pupils.—

No pupil was ascertained as Blind during 1962.

Blind pupils attended residential schools as follows:—

	Boys	Girls
Royal Victoria School for the Blind, Newcastle-upon-Tyne	2	—
St. Vincent's School for the Blind and Partially Sighted, Liverpool	—	1
Yorkshire School for the Blind, York ..	1	—

B. Partially Sighted Pupils.—

One pupil was ascertained as Partially Sighted during 1962.

Partially Sighted pupils attended the following schools:—

Preston School for Partially Sighted, Preston ..	2	—
Awaiting admission to Sunshine Home (under school age)	1	—

C. Deaf Pupils.—

Seven pupils were ascertained as Deaf during 1962.

Deaf pupils attended the following schools :—

Day school for the Deaf, Middlesbrough ..	8	7
St. John's Residential School for the Deaf, Boston Spa	1	—
Burwood Park Technical School, Walton-on-Thames	2	
Northern Counties School for the Deaf, Newcastle-upon-Tyne	1	—
Yorkshire Residential School for the Deaf, Doncaster	—	1
Awaiting admission to the Day School for the Deaf, Middlesbrough	2	1

D. Partially Deaf Pupils.—

One pupil was ascertained as Partially Deaf during 1962.

Partially Deaf pupils attended the following schools:—

	Boys	Girls
Day School for the Deaf, Middlesbrough ..	6	9
Ordinary School, Middlesbrough	1	

E. Educationally Sub-Normal Pupils.—

During 1962, 20 boys and 11 girls were ascertained as educationally sub-normal pupils.

E.S.N. Pupils attended the following schools:—

1. Residential Schools :		
Besford Court R.C. Special School, Worcester	5	—
Aldwark Manor Boarding Special School, Alne, near York	4	—
All Souls Special School, Hillingdon	—	1
Beechwood Boarding Special School, Liverpool	—	1
Spring Hill School, Ripon	1	1
Hilton Grange School, near Leeds	3	1
Jesmond Dene House School, Newcastle-upon-Tyne	—	1
Hindley Hall Special School, Stocksfield, Gateshead	2	—
High Close School, Wokingham	—	1
Meadows House School, Southborough ..	2	—
Garvald School, West Linton, Peebleshire ..	1	—
2. Burlam Road Day School, Middlesbrough ..	100	65
3. Ordinary schools—in retarded classes. (This includes 17 boys and 9 girls awaiting admission to Day School for E.S.N. and 1 boy awaiting admission to a residential school)	25	16
4. Home Tuition	2	—
Education Act, 1944, Section 57, as amended: number of children ascertained as unsuitable for education at school	7	1

Middlesbrough Day School for E.S.N. :

Mr. J. Woodhouse, Headmaster, reports :—

“This school for Educationally Sub-normal Children had 148 pupils on roll at the end of 1961. During 1962, 15 children were admitted and 24 left school for the reasons outlined below, leaving a total of 138 pupils on roll at the end of the year. Of these 78 were boys and 60 were girls.

Transfer to Residential School	..	..	1
Transfer to Secondary Modern	..	..	1
Left District	..	..	3
To approved School	..	..	1
Incapable of receiving education in school	..		2
Left on attaining age of sixteen years	..	..	17

The distribution according to Chronological Age for all children in school during the year was as follows :—

Age		Boys	Girls	Total
6— 7 years	..	—	2	2
7— 8 years	..	4	—	4
8— 9 years	..	3	7	10
9—10 years	..	5	7	12
10—11 years	..	12	7	19
11—12 years	..	9	9	18
12—13 years	..	16	10	26
13—14 years	..	15	6	21
15—14 years	..	17	7	24
15—16 years	..	15	10	25
		<hr/>	<hr/>	<hr/>
		96	65	161
		<hr/>	<hr/>	<hr/>

The distribution according to Intelligence Quotients was as follows :—

I.Q.		Boys	Girls	Total
35—40	..	—	1	1
41—45	..	—	—	—
46—50	..	1	3	4
51—55	..	4	5	9
56—60	..	7	11	18
61—65	..	15	12	27
66—70	..	33	14	47
71—75	..	15	11	26
76—80	..	12	5	17
81—85	..	6	2	8
86—90	..	2	—	2
		<hr/>	<hr/>	<hr/>
		95	64	159
		<hr/>	<hr/>	<hr/>

One boy and one girl were admitted without an Intelligence Quotient.

Several children at the bottom end of the scale are serving a trial period in school and may prove incapable of benefiting from the education provided.

As measured by Schonell's Graded Reading Vocabulary Test the following are the figures for the Mechanical Reading Ages for all pupils in the Junior and Senior Departments of the School :—

Reading Age		Boys	Girls	Total
Non Reader	..	2	4	6
5— 6 years	..	16	5	21
6— 7 years	..	21	11	32
7— 8 years	..	18	15	33
8— 9 years	..	20	17	37
9—10 years	..	5	4	9
10—11 years	..	5	2	7
11—12 years	..	2	—	2
12—13 years	..	—	—	—
13—14 years	..	1	—	1
		<hr/>	<hr/>	<hr/>
		90	58	148
		<hr/>	<hr/>	<hr/>

Close co-operation has been maintained throughout the year with the School Medical Service and the Child Welfare Department and valuable aid has been provided in the diagnosis and treatment of children with additional disabilities of environment, temperament and physical conditions. Speech Therapy which was given in school one session every week up to November, 1961, has been discontinued except for severe cases who visit the Speech Clinic by appointment.

The Evening Institute offers teaching in the Basic Subjects and in Manual Subjects for ex-pupils of the school on Monday and Thursday evenings each week.

At the end of 1962, 15 children were awaiting admission to Burlam Road School."

F. Epileptic Pupils.—

No pupil was ascertained as Epileptic during 1962. Boys Girls

Handicapped Epileptic pupils attended the following schools:

Maghull Homes for Epileptics, Liverpool	2	
Lingfield School for Epileptics, Lingfield		1
Attending an Ordinary School		1

G. Maladjusted Pupils.—

Three pupils were ascertained as Maladjusted during 1962.

Arrangements for the education of Maladjusted pupils were as follows :

Fyling Hall School, Robin Hood's Bay ..	3	—
Cotswold Chine Home-School, near Stroud	1	—
Ordinary schools (3 boys awaiting residential school accommodation)	5	—

H. Physically Handicapped Pupils.—

Four pupils were ascertained as Physically Handicapped during 1962.

Physically Handicapped pupils were educated as follows :

1. Residential Schools:

Welburn Hall Special School, Kirbymoorside	6	5
St. Joseph's Heart Hospital, Liverpool ..	—	1
Whiteness Manor School, Kingsgate, Broadstairs	2	—
Hinwick Hall School, Wellingborough ..	1	—
Percy Hedley School for Spastics, Newcastle-upon-Tyne	2	—
St. John's Open Air School, Woodford Bridge	1	—
The Cedars School, Low Fell, Gateshead ..	1	—
Netherside Hall School, Skipton-in-Craven	1	—
Stannington Hospital School, Morpeth ..	1	—

2. Home Tuition (1 child awaiting residential school accommodation)

7 5

3. Ordinary schools (2 of these children are awaiting residential school accommodation and 2 are transported to and from school by taxi)

16 7

4. Cerebral Palsy Unit, Middlesbrough ..

1 3

5. Burlam Road School, Middlesbrough ..

1 —

J. Delicate Pupils.—

Boys Girls

Nine pupils were ascertained as Delicate during 1962.

Pupils were educated at the following schools:

1. Residential Schools:						
Windlestone Hall School, Rushyford,						
County Durham	..	..	..	—		1
Redworth Hall School, Heighington,						
County Durham	..	..	..	1		—
St. John’s Open Air School, Woodford						
Bridge	..	..	..	1		—
2. Home Tuition	..	..	..	1		—
3. Awaiting Home Tuition	..	..	..	—		1
4. Ordinary Schools (6 boys and 2 girls awaiting residential school accommodation)	..			10		7

K. Pupil with Speech Defect.—

One child was ascertained during 1962 as requiring special educational treatment for a speech defect and is awaiting residential school accommodation	—		1
---	----	----	----	---	--	---

SECTION VI.—MISCELLANEOUS.

A. Camp School (Residential).—

Pupils from Secondary Modern Schools and Senior Pupils from Primary Schools were sent to a residential camp school at Dukeshouse Wood, Hexham, in charge of teachers, for periods of a fortnight. All pupils were inspected by one of our staff before departure.

The number of pupils who went to camp during 1962 was 1,439 (676 boys and 763 girls).

B. B.C.G. Vaccination.—(13 y + pupils).—

Discontinued owing to shortage of medical staff.

C. Diphtheria Immunisations.—

During 1962 our returns for Diphtheria Immunisations were as follows :

First Injections	..	..	..	..	160
Second Injections		..	..	..	588
Booster Injections		..	..	..	526
Total completed immunisations	..		..		1,114
Percentage of school-children immunised	..				87%

D. Davison Home (Convalescence).—

School children are sent to the Davison Home, Danby (placed in North Yorkshire moors at about 22 miles from Middlesbrough and now taken over by L.A.) for short stay convalescence. There, if fit, they attend 'local schools. The number of children so sent in 1962 was 141.

E. Disabled Persons Act.—

Number of pupils placed on Disabled Persons' Register :
5 boys. 8 girls.

F. Employment.—

Number of pupils registered for part-time employment :
354 boys. 64 girls.
Number of pupils issued with licences to appear in public
entertainment : 9 girls.

G. Health Education.—

Instruction on Health matters is given by medical officers and nurses in the course of routine duties.

Several students from Training Colleges were taken through our Central Clinic individually and given an outline of our work.

H. Infectious Diseases.—

During 1962, the incidence of infectious diseases in school-children (5y—15y) was as follows:

			Males	Females	Total
Food poisoning	..	..	3	3	6
Scarlatina	..	..	19	21	40
Measles	..	..	466	445	911
Whooping cough	..	..	15	16	31
Chicken pox	..	..	468	478	946
Dysentery	..	..	55	29	84
Meningococcal Infections	..		1	—	1
Acute primary pneumonia	..		3	1	4
Pulmonary tuberculosis	..		3	3	6
Other tuberculosis	..	..	1	1	2
Virus Encephalitis	..	..	2	—	2
			<hr/>	<hr/>	<hr/>
			1,036	997	2,033
			<hr/>	<hr/>	<hr/>

Physical Education.—

I am indebted to the Director of Education for the following report :—

“In spite of a year of indifferent weather there was considerable progress in all branches of Physical Education.

School Leagues and championships were organised in a wide variety of games, including the usual inter-school athletics meetings. In addition, all playing fields continued to be well used after school hours for friendly inter-school matches and house competitions.

Town teams competed in Area and National schools’ competitions. The swimming team won the Northumberland and Durham Schools’ Gala for the first time. Two swimmers, A. Rodgers and T. McGee, represented the Area in the National Championships

and achieved Standard Time certificates. The basketball team reached the English Schools' final for the second year running, while their captain, G. Tindale, represented England Under 15 against both Scotland and Ireland. A team of boys from Stainsby school won the North East Amateur Gymnastic Association Junior Vaulting and Agility championships, and their captain, D. Swift, went on to win the individual title in the Great Britain Championships.

Swimming continued as an important part of the curriculum and maximum use was made of the two Corporation pools by Junior as well as Secondary school-children. From 4 p.m.—6 p.m. daily, additional coaching was provided voluntarily by the teachers in a variety of swimming activities.

Many proficiency certificates and life saving awards were gained by pupils during the year, and in recent months a number of the new A.S.A. Personal Survival awards have also been gained, frequently at the "Gold" standard.

The physically handicapped children's class continues to meet twice weekly and further life saving awards have been won by two junior boys, while seventeen have gained awards under the A.S.A. Personal survival scheme, three of these being "Gold" standard.

Interest in lawn tennis continues to grow steadily, and good use was made of the courts during the daytime and again in the evenings, despite cool weather conditions. Both boys and girls took part in an American tournament for school teams which was held on the Prissick Base, and proved very popular. A Schools' Lawn Tennis Association was formed to foster further development of the game.

The condition of playing fields has improved and drainage and levelling have added to playing space.

Courses for teachers included one on trampolining and one on netball held at the Prissick Base. Coaching courses in Lawn Tennis were arranged for young people at two centres in conjunction with the Central Council of Physical Recreation.

PLEASURE IN PARKLAND.

Schools contributed as usual to this programme and items included a Round the Park Relay, a Junior Schools Rounders Tournament, Five-a-side Football Tournament and the Primary Schools Country Dance Party held in Stewart Park on one of the few fine Saturdays during the Summer term.

In all these events considerable time is given by many teachers outside school hours in order to foster physical activities which form a valuable part of a child's life."

Poliomyelitis Vaccination.—

During 1962 Polio Vaccination was carried out completely by staff of Health Department.

Medical Examinations (Adult).—

The number of medical examinations carried out for superannuation purposes and for admissions to Training Colleges was 369 (male 167; female 202).

Percentages of Children taking Meals and Milk.—

				Meals	Milk
Secondary Schools	..	..		59.8%	75.3%
Primary Schools	..	..		44.5%	97.9%
Special Schools	..	..		97.2%	96.7%
				<hr/>	<hr/>
All Schools	..	..	..	51.1%	88.8%
				<hr/>	<hr/>

Mortality of Middlesbrough Schoolchildren (5-15 years).—

Cause of Death				No. of Deaths	
Malignant and lymphatic neoplasms	1
Pneumonia	2
Motor vehicle accident	1
				<hr/>	<hr/>
Total	4
				<hr/>	<hr/>

SECTION VII.

Dental Inspection and Treatment, 1962.—

Mr. R. C. Blackmore, Principal School Dental Officer, writes:—

“ The year 1962 saw the commencement of an attempt to revive the School Dental Service which at the beginning of the year was to say the least at a very low ebb. In retrospect it is considered that the attempt has not been unsuccessful even if the ultimate objective of a complete dental service fully up to establishment is as yet nowhere in sight.

During the year an extensive programme of modernisation and re-equipping was carried out at the Central Clinic and Whinney Banks School resulting in three modern fully equipped surgeries, two at the Central Clinic and one at Whinney Banks. In addition by the courtesy of the Health Committee a fully equipped surgery at The Gables belonging to the Maternity & Child Welfare Service is now used part-time by the School Dental Service; and a fifth surgery being equipped at Park End is expected to be brought into use early in 1963.

The establishment of the School Dental Service is one Principal School Dental Officer and six School Dental Officers; but on 31.12.1961 the strength was only one part-time Dental Officer working six sessions per week, one of which was devoted to the treatment of patients under the Maternity and Child Welfare Service. By 31.12.1962 the strength had been increased to one full-time Principal and four part-time Dental Officers working fourteen sessions per week. Mr. R. C. Blackmore commenced duty as Principal School Dental Officer on 1.1.1962, and Mr. J. Wilson, Mr. P. W. Gale and Mrs. E. Walker commenced part-time duty on a sessional basis in March, September and October respectively, but owing to the demands of their practices Messrs. Wilson and Gale were obliged subsequently to reduce the number of sessions on which they attended.

During the year vacancies for both full-time and part-time School Dental Officers were advertised in the British Dental Journal and in the National and local press, but not a single application was received. In addition the Principal School Dental Officer approached

the Deans of three Dental Schools asking their assistance in filling these vacancies; they replied with assurances that they would do what they could to help. The Principal School Dental Officer also wrote personally to every local dental practitioner asking if he would consider offering his services to the School Dental Service on a sessional basis, but no offers were forthcoming.

This reluctance on the part of dental surgeons to work in the School Dental Service is not peculiar to Middlesbrough and the professional journals regularly contain advertisements by numerous Local Authorities for School Dental Officers. The reason for this reluctance is to be found in the nature of the work and the conditions of service.

The satisfactory dental treatment of children is a limited and very exacting, perhaps the most exacting, branch of dental surgery and one which appeals to only a very limited number of practitioners; and in general dental surgeons are not prepared to undertake this work for a remuneration which compares very unfavourably with that to be obtained not only in general practice but also in other dental services of the government.

The improvements which have taken place during the year in staffing and equipment are not yet reflected in the annual return of treatment carried out because the re-equipping of the surgeries was not completed until the Autumn; thus for the greater part of the year one surgery and for a considerable part of the year two surgeries were out of commission, also half of the increase of staff did not take place until the end of the year.

Details of the inspections and treatments carried out during the year are shown in the Annual Return to the Ministry of Education (Form 28M) a copy of which is printed at the end of this report. Comparison with the average of the last three years shows that the following approximate increases have taken place in the amount of work done :

No. of sessions devoted to treatment	..	64 ⁰ / ₀
No. of children treated	.. ..	33 ⁰ / ₀
No. of attendances for treatment	..	52 ⁰ / ₀

No. of teeth extracted	.. .. .	77%
No. of general anaesthetics administered		55%
No. of fillings inserted	.. ..	420%

Of these increases that for the number of fillings is particularly noteworthy in view of the fact that conservative treatment is infinitely harder work and necessitates very considerably more time than extracting teeth. Of even greater importance it indicates a policy of preserving the children's teeth in a healthy state, instead of merely removing them when dental disease has progressed to such a state that there is no other choice."

1. STAFF OF THE SCHOOL HEALTH SERVICE (excluding
Staff of Child Guidance Clinics) :
Principal School Medical Officer .. Eric C. Downer.

* Two vacancies.

2. NUMBER OF SCHOOL CLINICS .. 10.

3. TYPE OF EXAMINATION AND/OR TREATMENT provided, at the school clinics returned in Section II, either directly by the Authority or under arrangements made with the Regional Hospital Board for examination and/or treatment to be carried out at the clinic.

Examination and/or treatment	Number of School Clinics (i.e. premises) where such treatment is provided :	
	Directly by the Authority	Under arrangements made with Hospital Authorities
A. Minor ailment and other non-specialist examination or treatment ..	8	—
B. Ophthalmic	—	N.R. Infirmary
C. Ear, Nose and Throat ..	—	N.R. Infirmary
D. Orthopaedic	1	—
E. Paediatric	—	General Hospital
F. Speech Therapy	1	—
G. Physiotherapy	1	—
H. Orthoptic	—	N.R. Infirmary
J. Sunray (U.V.L.) ..	—	General Hospital
K. Chiropody	1	—
L. Rheumatism & Heart ..	—	—
M. Asthma	—	—
N. Remedial Exercises ..	1	—
P. Vaccination and Immunisation ..	At schools	
Q. Audiology	At schools	
R. Others (specify)	—	—

4. CHILD GUIDANCE CLINICS

(a) Number of Child Guidance Clinics provided by the
Authority .. 1.

(b) Staff of Clinics :

	Number employed by		Aggregate in terms of the equivalent number of whole-time officers	
	L.E.A.	Hospital Authorities	Employed by L.E.A.	Employed by Hospital Authorities
Psychiatrists	—	—	—	—
Educational Psychologists ..	1	—	1.00	—
Psychiatric Social Workers ..	—	—	—	—
Paediatricians, Play Therapists, Social Workers, etc. (excluding Clerks) ..	1	—	1.00	—
(Specify):				

Selected cases referred to Child Psychiatry Unit,
St. Luke's Hospital.

SCHOOL DENTAL SERVICE

RETURN for the year ended 31st December, 1962. Middlesbrough
Local Education Authority.

1. STAFF OF THE SCHOOL DENTAL SERVICE

Principal School Dental Officer . . R. C. Blackmore.

(a) Officers employed on a salary basis :

	No. of Offi- cers	Number in terms of full-time officers employed in the School Dental Service				Number of evening sessions spent on the School Dental Service
		Employed on morning and afternoon sessions		Employed on evening sessions		
		Dental work(other than ortho- dontics	Ortho- dontics	Dental work (other than ortho- dontics	Ortho- dontics	
Principal School Dental Officer 	1	1	—	—	—	—
Dental Officers (including Orthodontics)	1	.49	—	—	—	—
Dental Auxiliaries ..	Nil	—	—	—	—	—

(b) Officers employed on a sessional basis:

Dental Officers (including Orthodontists)	3	.88		—	—	—
Totals (a) and (b)	5	2.37		Nil	Nil	Nil

(c) Other staff employed :

		Number in terms of full-time officers employed in the School Dental Service				Number of evening sessions spent on the School Dental Service
	No. of Officers	Employed on morning and afternoon sessions		Employed on evening sessions		
		Dental work (other than orthodontics)	Orthodontics	Dental work (other than orthodontics)	Orthodontics	
Dental Hygienists ..	—	—	—	—	—	—
Dental Surgery Assistants	3	3	—	—	—	—
Other Staff (specify)						
Dental Anaesthetists ..	2	.29	—	—	—	—

2. SCHOOL DENTAL CLINICS :

	Directly by the Authority	Under arrangements made with Hospital Authorities
(a) Number of clinics where dental treatment is given	3	Nil

(b) Other provision :

(i) No. of mobile clinics—nil ; and No. of sessions worked in mobile clinics

(ii) Particulars of other ways in which treatment is given and not included above.

.....

3. DENTAL HEALTH EDUCATION

information should be given below about general dental health activities undertaken by the Authority—Nil.

.....

4. DENTAL INSPECTION AND TREATMENT carried out by the Authority during the year ended 31st December, 1962.

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in in January, 1963, as in Forms 7, 7M, and 11 Schools

(a) DENTAL AND ORTHODONTIC WORK :

i.	Number of pupils inspected by the Authority's Dental officers:				
	i. At Periodic Inspections	9,578)			
	ii. As Specials	716)	Total i ..	10,294	
ii.	Number found to require treatment		..	7,185	
iii.	Number offered treatment		..	6,986	
iv.	Number actually treated		..	2,689	

(b) DENTAL WORK (other than orthodontics) :

i.	Number of attendances made by pupils for treatment, excluding those recorded at (c) i. below :		..	3,559	
ii.	Half days devoted to :				
	i. Periodic (School) Inspection	51)			
	ii. Treatment	692)	Total ii. ..	743	
iii.	Fillings :				
	i. Permanent Teeth ..	1,426)			
	ii. Temporary Teeth ..	336)	Total iii ..	1,762	
iv.	Number of Teeth Filled:				
	i. Permanent Teeth ..	1,354)			
	ii. Temporary Teeth ..	289)	Total iv ..	1,643	
v.	Extractions :				
	i. Permanent Teeth ..	1,072)			
	ii. Temporary Teeth ..	4,946)	Total v. ..	6,018	
vi.	Administration of general anaesthetics for extraction			1,551	
vii.	Number of pupils supplied with artificial teeth ..			Nil	
viii.	Other operations:				
	i. Permanent Teeth ..				
	ii. Temporary Teeth ..		Total viii ..	227	

(c) ORTHODONTICS :

i.	Number of attendances made by pupils for)	
	orthodontic treatment)	
ii.	Half days devoted to orthodontic treatment)	
iii.	Cases commenced during the year)	
iv.	Cases brought forward from the previous year)	
v.	Cases completed during the year	)	Nil
vi.	Cases discontinued during the year)	
vii.	Number of pupils treated by means of appliances)	
viii.	Number of removable appliances fitted)	
ix.	Number of fixed appliances fitted)	

30 cases referred to Consultant Orthodontist.

MEDICAL INSPECTION AND TREATMENT

RETURN for the YEAR ENDED 31st DECEMBER, 1962.

Number of pupils on registers of maintained primary and
secondary schools (including nursery and special schools)
in January, 1963, as in Form 7, 7M and 11 Schools .. 32,284

PART I.—MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY & SECONDARY SCHOOLS
(including NURSERY and SPECIAL SCHOOLS).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (By year of Birth)	No. of Pupils In- spected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Un- satisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	84	83	98.81	1	1.19	—	38	28
1957	2664	2642	99.17	22	.83	57	600	630
1956	1525	1515	99.34	10	.66	58	362	397
1955	963	960	99.67	3	.33	63	189	218
1954	1672	1669	99.82	3	.18	108	244	339
1953	647	646	99.85	1	.15	54	104	148
1952	19	18	94.74	1	5.26	4	20	13
1951	31	30	96.77	1	3.23	8	25	22
1950	30	30	100.00	—	—	6	16	18
1949	29	28	96.55	1	3.45	8	28	20
1948	76	76	100.00	—	—	20	45	53
1947 & earlier	3112	3105	99.78	7	.22	418	417	781
TOTAL	10852	10802	99.54	50	.46	804	2088	2667

TABLE B.—OTHER INSPECTIONS

NOTES.—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person. A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	..	5,175
Number of re-inspections	..	3,051
		<hr/>
Total	..	8,226
		<hr/> <hr/>

—————

TABLE C.—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	.. .. .	89,632
(b)	Total number of individual pupils found to be infested	.. .. .	3,104
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2). Education Act 1944)	.. .. .	21
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3). Education Act 1944)	.. .. .	Nil

—————

TABLE D.—SCREENING TESTS OF VISION AND
HEARING

1.	(a)	Is the vision of entrants tested ?	..	Yes
	(b)	If so, how soon after entry is this done?	At	entrant medical inspection.
2.		If the vision of entrants is not tested, at what age is the first vision test carried out ?	.. .. .	————
3.		How frequently is vision testing repeated throughout a child's school life ?	..	At least three times.
4.	(a)	Is colour vision testing undertaken?	..	Yes
	(b)	If so, at what age ?	.. ..	At leaver medical inspection.
	(c)	Are both boys and girls tested ?	..	Boys only.
5.		By whom is vision and colour testing carried out ?	.. .. .	Vision test by nurse; colour vision by doctor.
6.	(a)	Is audiometric testing of entrants carried out ?	.. .. .	Yes
	(b)	If so, how soon after entry is this done?		A few months.
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out ?	.. .. .	————
8.		By whom is audiometric testing carried out ?	.. .. .	School nurses.

PART II — DEFECTS FOUND BY MEDICAL INSPECTION
DURING THE YEAR

TABLE A—PERIODIC INSPECTIONS

Defect				Periodic Inspections				
Code	Defect or Disease				Entrants	Leavers	Others	Total
No.								
(1)	(2)							
4. Skin	..	..	..	T	101	107	98	306
				O	69	37	57	163
5. Eyes	a. Vision	..	..	T	116	277	411	804
				O	57	92	51	200
	b. Squint	..	..	T	137	24	74	235
				O	28	7	23	58
	c. Other	..	..	T	19	3	10	32
				O	2	60	33	95
6. Ears	a. Hearing	..	..	T	24	8	100	132
				O	19	5	14	38
	b. Otitis Media	..	..	T	77	17	41	135
				O	56	19	22	97
	c. Other	..	..	T	17	12	23	52
				O	8	5	16	29
7. Nose and Throat	..	..	..	T	245	35	128	408
				O	371	42	270	683
8. Speech	..	..	..	T	44	5	112	161
				O	63	18	38	119
9. Lymphatic Glands..	..	..	..	T	19	3	8	30
				O	115	11	53	179
10. Heart	..	..	..	T	24	11	24	59
				O	26	34	40	100
11. Lungs	..	..	..	T	83	14	35	132
				O	58	15	41	114
12. Developmental	a. Hernia			T	7	1	3	11
				O	6	1	3	10
	b. Other			T	22	29	34	85
				O	74	32	59	165
13. Orthopaedic	a. Posture	..	..	T	15	7	23	45
				O	16	15	16	47
	b. Feet	..	..	T	103	52	74	229
				O	42	53	41	136
	c. Other	..	..	T	70	39	45	154
				O	46	42	36	124

Defect Code No. (1)	Defect or Disease (2)	Periodic Inspections				
			Entrants	Leavers	Others	Total
14. Nervous System						
	a. Epilepsy ..	T	8	4	8	20
		O	5	3	3	11
	b. Other	T	21	7	39	67
		O	25	9	28	62
15. Psychological						
	a. Development ..	T	8	—	14	22
		O	39	8	36	83
	b. Stability ..	T	17	1	33	51
		O	68	8	42	118
16. Abdomen						
		T	14	7	6	27
		O	20	5	24	49
17. Other						
		T	17	8	14	39
		O	18	15	11	44

TABLE B.—SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	Special Inspections	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
(1)	(2)		
4	Skin	1,616	—
5	Eyes—a. Vision	155	—
	b. Squint	7	1
	c. Other	270	—
6	Ears—a. Hearing	16	—
	b. Otitis Media	13	—
	c. Other	130	—
7	Nose and Throat	30	2
8	Speech	6	—
9	Lymphatic Glands	12	—
10	Heart	1	—
11	Lungs	1	—
12	Developmental—a. Hernia	—	—
	b. Other	—	—
13	Orthopaedica—a. Posture	—	1
	b. Feet	13	—
	c. Other	54	—
14	Nervous System— a. Epilepsy	4	—
	b. Other	7	—
15	Psychological— a. Development	1	—
	b. Stability	1	—
16	Abdomen	1	—
17	Other	1,165	2
18	Accidents	1,594	—

PART III—TREATMENT OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS
(including NURSERY and SPECIAL SCHOOLS).

TABLE A.—EYE DISEASES, DEFECTIVE VISION & SQUINT

	Number of cases known to have been dealt with:
External and other, excluding errors of refraction and and squint	268
Errors of refraction (including squint)	1,714
Total ..	1,982
Number of pupils for whom spectacles were prescribed	1,623

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE
AND THROAT

	Number of cases known to have been dealt with:
Received operative treatment :	
(a) for diseases of the ear	13
(b) for adenoids and chronic tonsillitis ..	815
(c) for other nose and throat conditions ..	85
Received other forms of treatment	349
Total ..	1,262
Total number of pupils in schools who are known to have been provided with hearing aids :	
(a) in 1962	7
(b) in previous years	87

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	289
(b) Pupils treated at school for postural defects ..	..
Total ..	289

TABLE D.—DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I).

	Number of cases known to have been treated
Ringworm—(a) Scalp	Nil
(b) Body	2
Scabies	36
Impetigo	53
Other skin diseases	5,204
Total ..	5,295

TABLE E.—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	147

TABLE F.—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	230

TABLE G.—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	13,993
(b) Pupils who received convalescent treatment under School Health Service arrangements	141
(c) Pupils who received B.C.G. vaccination ..	..
(d) Other than (a), (b) and (c) above. Please specify :	
(e) Completed immunisations against diphtheria ..	1,114
(f) Cases treated by chiropodists	318
Total (a)—(f) ..	15,425

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